## New Hampshire Department of Safety Division of Fire Standards and Training and Emergency Medical Services

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## NEW HAMPSHIRE FIRE CHIEF NOTICE OF CHANGE AND AUTHORIZATION FOR FIRE DEPARTMENT FILES

Please Print or Type							
1. Last Name, First Nar	me, M	iddle Name					
2. Current Home Mailin	g Add	ress					
3. Home Telephone Number		4. Work Te	4. Work Telephone Numb		er	5. Effective Date of Appointment	
6. Fire Department		7. Fire Department Mailing Address					
8. Fire Department Telephone Number		ire Department phone Number	Fax	x 10. Email Address			
11. Training Officer's 13		12. Fire Department Secretary's Name		•	13. Type of DepartmentFull TimeCallVolunteer		
to get information on your fire	e depar					ur Training Officer authorized below and sign here:  (Date)	
Name of Person Authorized			Title of Person Authorized				
1.							
2.							
3.							